	APOLLO HOSPITALS, SECUNDERABAD		COP – 06
			Issue: C
	POLICY ON USE OF ANESTHESIA AND DEEP SEDATION		Date: 06-01-2017
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1.0 Purpose:

To define the policy for care of the patient as related to deep sedation/anesthesia care including pre-anesthesia assessment.

2.0 Scope:


All patients who are subjected to procedures involving Anaesthesia at Apollo Hospitals, Secunderabad

3.0 Definitions:

3.1 Deep Sedation: a drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

3.2 Anesthesia - Consists of general anesthesia, spinal or major regional anesthesia. It does *not* include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of

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depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

3.3 Operative/other invasive procedures - are those procedures involving puncture or incision of the skin or insertions of an instrument or foreign material into the body, including but not limited to percutaneous aspirations and biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantation, excluding venipuncture, intravenous therapy, and injection of radiographic contrast media.

4.0 Responsibilities:


All the members of Apollo Hospitals, Secunderabad care giving Team including Consultants, Nurses and Paramedical staff.

5.0 Policy:

5.1 Staff competency/qualifications:


- A. Qualified individuals provide deep sedation and anesthesia.
- B. Qualified individuals are trained in professional standards and techniques:
 - 1) To administer pharmacological agents to predictably achieve desired levels of sedation, and

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- 2) To monitor patients carefully in order to maintain them at the desired level of sedation.
- C. Individuals administering deep sedation and anesthesia shall be qualified and have the appropriate credentials and privileges to manage patients at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally.
- D. Included in the qualifications of individuals providing deep sedation and anesthesia are competency-based education, training, and experience in:
- 1) Evaluating patients prior to performing deep sedation and anesthesia and,
 - 2) Performing the deep sedation and anesthesia to include methods and techniques required to rescue those who unavoidably unintentionally slip into a deeper-than-desired level of sedation or analgesia. Specifically,
 - a. Practitioners who have appropriate credentials and are permitted to administer deep sedation are qualified to rescue patients from general anesthesia.
 - b. Practitioners intending to induce deep sedation are competent to manage an unstable cardiovascular system as well as a compromised airway and inadequate oxygenation and ventilation.

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5.2 Staffing:

A. Sufficient numbers of qualified personnel (in addition to the registered independent practitioner performing the procedure) are present during procedures using deep sedation and anesthesia to:


- 1) Appropriately evaluate the patient prior to beginning deep sedation or anesthesia,
- 2) Provide the deep sedation or anesthesia,
- 3) Perform the procedure
- 4) Monitor the patient, and
- 5) Recover and discharge the patient either from the post-sedation or post-anesthesia recovery area or from the organization.

5.3 Equipment and monitoring:

- Appropriate equipment for care and resuscitation is available for monitoring vital signs including heart and respiratory rates and oxygenation using pulse oximetry equipment.
- Heart rate and oxygenation are continuously monitored by pulse oximetry.
- Respiratory frequency and adequacy of pulmonary ventilation are continually monitored.
- Blood pressure is measured at regular intervals.

5.4 A pre-anesthesia assessment, as documented on the Surgical Record, is performed prior to beginning deep sedation and before anesthesia induction.

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This pre-anesthesia assessment is completed in all settings where operative and other invasive procedures are performed, including the operative suites, surgery clinic OR, and any other area where said procedures are done and anesthesia, as defined by above, is administered.

5.5 This assessment includes:


- a. Data gathered through patient interview.
- b. Pertinent physical examination.
- c. Review of pertinent diagnostic data.

5.6 Documented observations shall include:

- a. History of previous anesthetics (including adverse family history)
- b. Drug allergies
- c. Medications, currently or recently in use
- d. Dental or airway anomalies
- e. Presence of any inter-current disease processes capable of affecting anesthesia.


5.7 The assessment shall contain a responsible physician's recommendations regarding anesthesia and pre-medication, the assignment of ASA risk classification, and the formulation of an anesthetic plan. Patient's sedation or anesthesia care needs are communicated among care providers.

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- 5.8** Prior to sedation of the patient, deep sedation/anesthesia risks and alternative methods shall be discussed with the patient and an informed consent obtained.
- 5.9** Immediately before starting the anesthesia, the patient is re-evaluated by a licensed independent Anesthesia practitioner, who makes the determination that the patient is a suitable candidate to undergo the planned anesthetic.
- 5.10** Prior to administration of anesthesia, appropriate monitors are applied and continuous physiological monitoring is performed. The anesthetic is administered and a record is maintained indicating the dosages of all drugs and agents, the type and amount of fluids, blood/blood products, all pertinent anesthetic interventions and their results, and any other events of importance.
- 5.11** Patient to be monitored during administration of anesthesia. The following aspects to be recorded in Anesthesia Record. Timing of intra-op monitoring should be recorded by the Anesthetist.
- Heart rate
 - Cardiac rhythm
 - Respiratory rate
 - Blood pressure
 - Oxygen saturation
 - Airway security and patency
 - Level of anesthesia
 - Urine output for prolonged surgeries

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- 5.12** Patient to be monitored by Anesthetist till he / she recovers completely from anesthesia. The same is recorded in patient Anesthesia chart in Patient Medical Record.
- 5.13** At the end of the surgery/procedure, the patient is taken to an appropriate recovery area for care. The patient's status is assessed and the care is transferred to appropriately trained personnel.
- 5.14** An anesthetist shall discharge patients from the recovery area after evaluation.
- 5.15** ALDRETE scoring criteria to be used by anesthesiologist to transfer patient from the recovery area.

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